

University of Colorado
Physical Therapy Program
Fall 2020

Course Syllabus
DPTR 7933
Clinical Education III

Course Coordinator
Jennifer W. Rodriguez, PT, DPT

**University of Colorado
Anschutz Medical Campus
Physical Therapy Program
Course Syllabus**

Course Title: Clinical Education III
Course Number: DPTR 7933

Cr. Hrs. 10

Clock Hours: 16 weeks fulltime in clinic
(August 17 – December 4, 2020 OR August
24 – December 9, 2020)

Semester: Fall III

Year 2020

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Program Assistant: Jacob Austin, BS (Jacob.2.austin@cuanschutz.edu)

Course Communication:

Email: Announcements of course information and other communication within this course will be sent using students' school email address. ***It is the student's responsibility to check email messages on a weekly basis while in clinic.***

Additional communication: Documents will be posted on CE III Canvas Site.

Clinic Check-in: The CE Faculty Advisor will check in with student and CI during the first month of CE III. In addition, all students and CIs will be contacted again around the midterm of the experience for a more formal discussion with the student's CE Faculty Advisor or another member of the CE Team. The CE Team is available throughout CE III if needed. **It is the student's responsibility to request more frequent communication if needed.**

Course Description:

16-week full-time supervised clinical experience with emphasis on implementing individual philosophy of care, functioning as an entry-level clinician, and understanding the complexities of the healthcare system as it relates to the role of a Doctor of Physical Therapy. First phase of yearlong internship.

Course Objectives:

By the end of this experience, the student will:

1. Demonstrate “Entry-level” competency in all 18 performance criteria described in the Physical Therapist Clinical Performance Instrument (PT CPI) and determined by DCE and CE Faculty Advisor
2. Integrate concepts of movement science in the clinical setting.
3. Appraise information sources critically when making clinical decisions.
4. Integrate patient’s view with current literature when making clinical decisions.
5. Choose appropriate clinical decision-making frameworks to optimize patient outcomes.
6. Manage time efficiently as evidenced by ability to carry a caseload expected of a new graduate.
7. Independently modify treatment plans and progress patient interventions for all patients.
8. Integrate understanding of health care delivery systems into management of patients from examination to discharge.
9. Demonstrate readiness to participate in the clinical education of other students under the direction, supervision, and guidance of the clinical instructor.
10. Fulfill all staff responsibilities in order to become an integral part of the clinic.
11. Advocate for patients as an integral member of the healthcare team.
12. Integrate one’s own professional identity / philosophy of care.
13. Engage in self-assessment through reflection.
14. Display behaviors consistent with APTA Core Professional Values, including: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility.
15. Abide by the APTA Code of Ethics during all actions, including moral ethical decision-making.
16. Adhere to legal practice standards, including federal, state, and clinical facility policies related to patient care.

Required Reading:

- 1) American Physical Therapy Association Physical Therapist Clinical Performance Instrument (PT CPI): Review Web CPI prior to start of clinical education experience. (Rating Scale located at the end of the syllabus).

Recommended Readings:

- 2) Furze J, Gayle JR, Black L, Cochran TM, Jensen GM. Clinical reasoning: Development of a grading rubric for student assessment. *JOPT*.2015;29(3):34-45.
- 3) Black LL, Jensen GM, Mostrom E, Perkins, J Ritzline PD, et. al., The first year of practice: an investigation of the professional learning and development of promising novice physical therapists. *PTJ*. 2010;90(12):1758-1773.
- 4) Papp KK, Huang GC, Lauzon Clabo LM, et. al. Milestones of critical thinking: A developmental model for medicine and nursing. *Academic Medicine*. 2014;89:715-20.
- 5) May W, Kotney L, Ingarsh ZA. Professional Behaviors for the 21st Century

Readings 2-5 are posted on Canvas.

Curricular Threads / Elements: patient centered care, clinical reasoning and use of evidence based practice, movement for participation, quality improvement and safety, teamwork and collaboration

Teaching Methods and Learning Opportunities: Supervised clinical education experience and self-directed learning activities. Synchronous and asynchronous preparation prior to the clinical experience includes discussion, interactive lecture, reading, and self-reflection. Students are required to complete and send the Student Information Form and pre-clinical self-assessment form in Acadaware to the SCCE prior to the start of the clinical education experience. This includes writing at least 3 learning objectives (one from each learning domain). The Clinical Education Faculty Advisor is available to review objectives and provide feedback prior to sending to the clinical site.

Evaluation Methods:

Students are rated on the CPI at the Midterm and Final points of the clinical education experience by self and CI. In addition, Benchmarks are reviewed on a monthly basis to assist students in gauging their development across the sixteen-week experience. Use of Weekly Planning Forms are expected during weeks 3 and 11 and encouraged throughout the rest of the experience.

Grades and Grading Policy:

Successful completion of this course results in a grade of “Pass”

Criteria for successful completion of this course: *To achieve a “Pass”*

- Students are expected to complete all fulltime weeks scheduled for CE III (August 17 – December 4 or August 24 – December 9) and **must** complete a minimum of 10 fulltime weeks to meet CAPTE criteria for the minimum number of weeks of clinic necessary during COVID-19.
- *Entry-level* performance on each CPI Skill (1 – 18) by the end of the experience as determined by course coordinator, based on student and CI ratings on the CPI and conversations with the student/CI by CE Faculty advisor or designated CE Team member during the clinical experience regarding student performance with specific case load/complexity
 - **NOTE: Students participating in split experiences are required to reach entry-level competency in at least one of the settings/experiences, to be determined by Clinical Education Faculty Advisor, with input from CI and student.**
 - **If there are disruptions in the clinical experience due to COVID-19, students must still demonstrate entry-level performance in the clinic to successfully meet this criteria.**
- Use of Weekly Planning Form Weeks 3 & 11
 - **This should be discussed with CI and *does not* need to be handed in to the Program**
- Meet all monthly Benchmarks set by PT Program faculty as described in the document located at the end of the syllabus.
 - **NOTE: Slight variations in the timing of meeting Benchmarks may occur with students participating in split experiences. Students still need to complete and review Benchmarks with CIs each month. This will assist CI and Student to plan goals and learning experiences throughout the experience.**
- Moving from “Developing” to “Entry-level” on all 10 professional abilities (self-assessment / incorporated in the CPI and Benchmark document) posted on Canvas
- No “Significant Concerns” box checked at the final evaluation on any CPI skill

If a student does not meet *all criteria* required for successful completion of the course (listed above), the Clinical Education Faculty Advisor will notify the Director of Clinical Education (DCE). The DCE may consult with the Student Promotions Committee to determine a course of action guided by the Program’s Student Policy and Procedures located in the Student Handbook. The student is responsible for reviewing the Physical Therapy Program Student Policies and Procedures in the Student Handbook for additional information.

Course Assignments:

Assignments are designed to enhance professional growth and enrich the clinical education experience.

1. Contribution to the Clinic – Completed by November 20 (determined by October 16)

As in previous clinical education experiences, students will be responsible for contributing in some way to the clinical facility. Examples include, but are not limited to: staff inservice, participation in an ongoing project in the facility, development of a new project, etc. For inservices, consider presenting your capstone, reviewing a relevant journal article, finding best evidence for a specific patient, identifying appropriate outcome measures, or sharing related special expertise / talent. Examples of

projects include, participation in quality assurance; participation in marketing or community event organized by the clinic; implementation of a relevant health promotion project; or sharing/implementing Health Care Delivery Project. Activity should be meaningful to the clinical facility and must be approved by Clinical Instructor by October 16. ***There is no need to turn in anything to the PT Program.***

2. Reflection on Clinical Reasoning

Reflect on how your critical thinking/reasoning has evolved over CE III. You and your CI will each complete the Creighton University Clinical Reasoning Grading Rubric during Weeks 5 and 14. You will discuss your results and consider ways to continue to develop your reasoning as you transition to new professional. You might also consider using the Milestones of Critical Thinking as a way to add to your assessment.

Required Paperwork: (Grades will not be submitted until all paperwork is completed and submitted for review – NOTE: The timing is tight because of graduation)

<i>Complete Before</i>	<i>**Complete During</i>	<i>**Complete at End</i>
Onboarding - determined by each clinical site	Day 2 Contact Form: Submit in Canvas Aug. 18 or 25	Final CPI: Complete and Sign off by Dec. 4 or Dec 9
Student Information Form – Acadaware Send to SCCE 2-3 weeks prior	Orientation Checklist: Submit in Canvas End of Week 1 (Aug. 21 or Aug. 28)	Student Evaluation of Clinical Experience and Instruction: Complete in Acadaware by Dec. 4 or 9
Clinical Skills Self-Assessment: Complete in Acadaware; Send to SCCE 2-3 weeks prior	Weekly Planning Form: Complete and discuss for Weeks 3 and 12	
	Benchmark Checklist: Submit in Canvas End of each month	
	Reflection on Clinical Reasoning using the CRAT: Self and CI forms submitted in Canvas weeks 5 and 14 – submit CRAT in Canvas	
	Midterm CPI: Complete & Sign off by Oct. 2 or Oct. 9	
	Contribution to Clinic: Complete by Nov. 20 (nothing to Program)	

*****Due dates may be modified if experience is interrupted by COVID-19***

Course Policies:

Attendance: Students are expected to work the hours and schedule of their individual Clinical Instructors. Students will follow the clinical site's holiday schedule, not that of the University. Please refer to the Time in Clinic Policy (revised in July 2018) posted as a separate document in canvas. The Program considers time in clinic to be mandatory. Therefore, any requests for time away from clinic must be submitted to the Program's Absences Committee prior to making any travel plans.

Exceptions to Attendance Policy during COVID-19

The Clinical Education Faculty Advisor in consultation with the DCE will work with students individually if there are absences due to COVID-19. Students must complete a minimum of 10 fulltime weeks of clinical experience in CE III **and** demonstrate entry-level performance with or without extending the time of the experience (per accreditation standards).

1. ***Illness or Exposure to COVID-19:*** Students are expected to follow CDC guidelines and campus policies and procedures that may include COVID-19 testing, quarantine, and self-isolation prior to returning to clinic. Steps to follow:
 - a. Notify CI and CE Faculty Advisor as soon as possible
 - b. Complete confidential self-report form required by campus: [confidential self-report form](#)
2. ***Interruption in Clinical Experience due to COVID-19:*** The PT Program will provide simulated learning experiences to supplement clinical education experiences in CE III.

Telehealth: The program will allow students to participate in telehealth for up to ~50% of their case load and still count towards clinical hours completed. If telehealth comprises more than 50% of all patient care, please contact your CE Advisor. At the time of this syllabus publication, the Colorado State Practice Act does not differentiate student supervision requirements during physical therapy provided onsite versus via telehealth. Therefore, students must be in the same building as their CI in order to participate in telehealth. The Colorado Physical Therapy Board is currently evaluating an emergency ruling to address student supervision during the delivery of telehealth services. Once a ruling is provided, students will be notified. If completing an out-of-state clinical experience, it is the student's responsibility to comply with that state's practice act regarding telehealth delivery and telehealth supervision.

Professional Behaviors: Each student enrolled in this course is expected to conduct him/herself in a respectful and professional manner. This includes, but is not limited to, being punctual and prepared for each day in clinic; respecting patients, staff and colleagues; respecting classmates and faculty during online discussions; working in a positive and productive manner; respecting oneself by presenting own ideas and opinions in a positive and thoughtful manner that promotes the attention and respect of patients, colleagues, classmates, and faculty; taking responsibility for one's own learning; and being committed to a positive learning experience.

Course / Instructor Evaluation: Students will have the opportunity to provide feedback on the prep sessions and clinical education faculty advisors by completing the CE III course evaluation during the second half of CE III. In addition, at the end of CE III, students will complete and submit in Acadaware the Student Evaluation of the Clinical Experience and Clinical Instruction. Students are encouraged to share feedback with clinical instructors. Clinical Education Faculty Advisors are available to assist students in the process of providing constructive feedback to clinical instructors.

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Benchmarks for CE III/Pre-graduation Phase of the internship (Complete Checklist on page 2 of this document) A plan will be put in place if benchmarks are not met when expected.

Reference used: Fitzgerald LM, Delitto A, Irrgang JJ. Validation of the clinical internship evaluation tool. *Phys Ther.* 2007;87:844-860.

By the End of Month 1:

- Consistently demonstrates appropriate safe and professional behavior, including initiative and responsibility for own learning.
- Demonstrates progress with critical reasoning and decisions about patient/client management (examination, evaluation, diagnosis/prognosis, intervention, discharge, outcomes).
- Working towards independence in completing initial examinations, re-examinations, and patient interventions.

By the Midterm (End of Month 2):

- *Advanced Intermediate* performance on all CPI skills
- Demonstrates good “flow” during patient examinations.
- Capable of maintaining approximately 75% of a fulltime physical therapist’s case load (e.g., of a new graduate in this setting).

By the End of Month 3:

- Demonstrates *Entry-Level* performance on all CPI skills**
- Capable of maintaining 100% of a fulltime physical therapist’s case load (e.g., of a new graduate in this setting).

By the Final (End of Month 4):

- Demonstrates efficient patient management skills; consistently able to independently manage 100% of a case load expected of a new graduate in this setting.
- Moving towards *Beyond Entry-level* performance on CPI Skills as evidenced by:
 - Fulfilling all responsibilities, comparable to a staff physical therapist, such as managing own schedule, patient billing, consulting team members on own, ordering necessary equipment for discharge, etc.
 - Becoming an integral part of the clinic, such as supervising others, assuming leadership roles, etc.
 - Initiating consultation from experienced clinicians for complex patients.
 - Exploring opportunities to continue learning through enhancement of knowledge and skills for patient management and/or other PT professional roles.

****NOTE: The final CPI Evaluation will be completed at the end of the entire experience (End of Month 4)**

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Benchmark Checklist: CE III / Pre-graduation Phase of the Yearlong Internship

Student Name: _____ Clinical Instructor: _____

Clinical Site: _____ CE III _____ CE Advisor: _____

Student and CI to review at the end of each month and fax to Clinical Education Faculty Advisor (303-724-9016). In addition, CPI will be completed at midterm and final.

Benchmark	CI & Student Date & Initial – indicates student has met benchmark
Month 1	
Safe & Professional Behavior	
Progressing with clinical reasoning / decisions	
Working towards independence	
Comments:	
Month 2	
<i>Advanced Intermediate</i> on all CPI Skills	
Good Flow during exams	
Capable of managing ~75% caseload	
Comments:	
Month 3	
<i>Entry level</i> all CPI skills	
Capable of managing 100% caseload independently	
Comments:	
Month 4	
Efficient with all patient management	
Moving towards <i>Beyond Entry-level</i> on some skills	
Fulfills all staff responsibilities	
Integral part of clinic	
Initiates consultation with experienced staff	
Explores opportunities to continue learning	
Comments:	

DEFINITIONS OF PERFORMANCE DIMENSIONS AND RATING SCALE ANCHORS

CATEGORY	DEFINITIONS
<i>Performance Dimensions</i>	
Supervision/ Guidance	<p>Level and extent of assistance required by the student to achieve entry-level performance.</p> <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, the degree of supervision/guidance needed is expected to progress from 100% supervision to being capable of independent performance with consultation and may vary with the complexity of the patient or environment.
Quality	<p>Degree of knowledge and skill proficiency demonstrated.</p> <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, quality should range from demonstration of limited skill to a skilled performance.
Complexity	<p>Number of elements that must be considered relative to the task, patient, and/or environment.</p> <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, the level of complexity of tasks, patient management, and the environment should increase, with fewer elements being controlled by the CI.
Consistency	<p>Frequency of occurrences of desired behaviors related to the performance criterion.</p> <ul style="list-style-type: none"> ▪ As a student progresses through clinical education experiences, consistency of quality performance is expected to progress from infrequently to routinely.
Efficiency	<p>Ability to perform in a cost-effective and timely manner.</p> <ul style="list-style-type: none"> ▪ As the student progresses through clinical education experiences, efficiency should progress from a high expenditure of time and effort to economical and timely performance.
<i>Rating Scale Anchors</i>	
Beginning performance	<ul style="list-style-type: none"> • A student who requires close clinical supervision 100% of the time managing patients with constant monitoring and feedback, even with patients with simple conditions. • At this level, performance is inconsistent and clinical reasoning* is performed in an inefficient manner. • Performance reflects little or no experience. • The student does not carry a caseload.
Advanced beginner performance	<ul style="list-style-type: none"> • A student who requires clinical supervision 75% – 90% of the time managing patients with simple conditions, and 100% of the time managing patients with complex conditions. • At this level, the student demonstrates consistency in developing proficiency with simple tasks (eg, medical record review, goniometry, muscle testing, and simple interventions), but is unable to perform skilled examinations, interventions, and clinical reasoning skills. • The student may begin to share a caseload with the clinical instructor.
Intermediate performance	<ul style="list-style-type: none"> • A student who requires clinical supervision less than 50% of the time managing patients with simple conditions, and 75% of the time managing patients with complex conditions. • At this level, the student is proficient with simple tasks and is developing the ability to consistently perform skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 50% of a full-time physical therapist's caseload.
Advanced intermediate performance	<ul style="list-style-type: none"> • A student who requires clinical supervision less than 25% of the time managing new patients or patients with complex conditions and is independent managing patients with simple conditions. • At this level, the student is consistent and proficient in simple tasks and requires only occasional cueing for skilled examinations, interventions, and clinical reasoning. • The student is capable of maintaining 75% of a full-time physical therapist's caseload.
Entry-level performance	<ul style="list-style-type: none"> • A student who is capable of functioning without guidance or clinical supervision managing patients with simple or complex conditions. • At this level, the student is consistently proficient and skilled in simple and complex tasks for skilled examinations, interventions, and clinical reasoning. • Consults with others and resolves unfamiliar or ambiguous situations. • The student is capable of maintaining 100% of a full-time physical therapist's caseload in a cost effective manner.
Beyond entry-level performance	<ul style="list-style-type: none"> • A student who is capable of functioning without clinical supervision or guidance in managing patients with simple or highly complex conditions, and is able to function in unfamiliar or ambiguous situations. • At this level, the student is consistently proficient at highly skilled examinations, interventions, and clinical reasoning, and is a capable of serving as a consultant or resource for others. • The student is capable of maintaining 100% of a full-time physical therapist's caseload and seeks to assist others where needed. • The student is capable of supervising others. • The student willingly assumes a leadership role* for managing patients with more difficult or complex conditions.